

Case Number:	CM14-0108804		
Date Assigned:	09/19/2014	Date of Injury:	10/29/2012
Decision Date:	10/17/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old female who reported right wrist, right forearm and left wrist pain from injury sustained on 10/29/12. Mechanism of injury was not documented in the provided medical records. X-rays of bilateral hands/wrists were unremarkable. Electrodiagnostic studies of the upper extremity were unremarkable. Patient is diagnosed with carpal tunnel syndrome and tenosynovitis. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 07/03/14, patient complains of right hand, right forearm and left wrist pain. Patient is seen for flare-up. Pain radiates to forearm sometimes to left upper arm. Pain is aggravated by using the hand and relieved by icing. Per medical notes dated 08/01/14, patient complains of bilateral hand and right forearm pain. Patient continues using pain medication. Pain is described as cramping, pulsating, burning, and stabbing. Associated symptoms include weakness, numbness, and tingling on finger tips. Primary treating physician is requesting additional 3x4 acupuncture sessions for the right wrist. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 Additional Acupuncture for right wrist 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (Carpal Tunnel Syndrome; hand/wrist and forearm pain)>, <Insert Topic (Acupuncture)>>

Decision rationale: Per MTUS- Acupuncture Medical treatment Guidelines page 8-9.

"Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Provider is requesting additional 12 acupuncture sessions. Requested visits exceed the quantity supported by guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Furthermore, Official Disability Guidelines do not recommend acupuncture for carpal tunnel syndrome; hand/wrist or forearm pain. Per review of evidence and guidelines, additional 3x4 acupuncture treatments are not medically necessary.